

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Kingman	SW ^{1/4} SW ^{1/4} Se ^{1/4}	35.	27 S	9 w EW

Distance and direction from nearest town or city street address of well if located within city?

8 miles east of Cunningham

2	WATER WELL OWNER: Cole property RR #, St. Address, Box # 9810 Hwy 54 City, State, ZIP Code Kingman Ks 67068	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4	DEPTH OF WELL 33.3 ft. WELL'S STATIC WATER LEVEL 8.7 ft. WELL WAS USED AS: <input checked="" type="checkbox"/> 1 Domestic <input type="checkbox"/> 2 Irrigation <input type="checkbox"/> 3 Feedlot <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 5 Public Water Supply <input type="checkbox"/> 6 Oil Field Water Supply <input type="checkbox"/> 7 Domestic (Lawn & Garden) <input type="checkbox"/> 8 Air Conditioning <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 10 Monitoring Well <input type="checkbox"/> 11 Injection Well <input type="checkbox"/> 12 Other
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N

NW	NE	SE	SW
W	E	S	N

X

Was a chemical / bacteriological sample submitted to Department? Yes _____ No

if yes, mo/day/yr sample was submitted _____

Water Well Disinfected: Yes _____ No

5	TYPE OF BLANK CASING USED:
	<input type="checkbox"/> 1 Steel <input type="checkbox"/> 3 RMP (SR) <input type="checkbox"/> 5 Wrought <input type="checkbox"/> 7 Fiberglass <input type="checkbox"/> 9 Other (Specify below) <input checked="" type="checkbox"/> 2 PVC <input type="checkbox"/> 4 ABS <input type="checkbox"/> 6 Asbestos-Cement <input type="checkbox"/> 8 Concrete Tile
	Blank casing diameter <u>Five</u> in. Was casing pulled? Yes _____ No <input checked="" type="checkbox"/> If yes, how much _____
	Casing height above or below land surface <u>12in above</u> in.

6	GROUT PLUG MATERIAL: <input type="checkbox"/> 1 Neat cement <input type="checkbox"/> 2 Cement grout <input checked="" type="checkbox"/> 3 Bentonite <input type="checkbox"/> 4 Other
	Grout Plug Intervals: From <u>33</u> ft. to <u>3</u> ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.
	What is the nearest source of possible contamination:
	<input checked="" type="checkbox"/> 1 Septic tank <input type="checkbox"/> 6 Seepage pit <input type="checkbox"/> 11 Fuel storage <input type="checkbox"/> 16 Other (specify below) <input checked="" type="checkbox"/> 2 Sewer lines <input type="checkbox"/> 7 Pit privy <input type="checkbox"/> 12 Fertilizer storage <input type="checkbox"/> 3 Watertight sewer lines <input type="checkbox"/> 8 Sewage lagoon <input type="checkbox"/> 13 Insecticide storage <input type="checkbox"/> 4 Lateral lines <input type="checkbox"/> 9 Feedyard <input type="checkbox"/> 14 Abandoned water well <input type="checkbox"/> 5 Cess pool <input type="checkbox"/> 10 Livestock pens <input type="checkbox"/> 15 Oil well/Gas well
	Direction from well? <u>From</u> How many feet? <u>70 ft</u>

FROM	TO	PLUGGING MATERIALS
33ft	3ft	bentonite

7	CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) <u>8-3-10</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>665</u> This Water Well Record was completed on (mo/day/year) <u>8-25-10</u> under the business name of Pratt Well Service, Inc. by (signature) <u>[Signature]</u>
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Segd top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1 000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.